FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
OMB Number:	OMB Number: 3235-0104							
Estimated average burden								
hours per resp	onse: 0.5							

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Brooke Robert T. Rec			Date of Event equiring Staten Month/Day/Year 3/15/2010	nent	3. Issuer Name and Ticker or Trading Symbol Genesis Biopharma, Inc [FGGT]								
(Last) (First) (Middle) 1601 N. SEPULVEDA BLVD., #632					4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner V Officer (give title Other (specif				er	If Amendment, Date of Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check			
(Street) MANHATTAN BEACH	N CA	90266			X	Officer (give title below) Preside	ent, CE	below)	спу		icable Line) Form filed b	y One Reporting Person y More than One	
(City)	(State)	(Zip)											
Table I - Non-Derivative Securities Beneficially Owned													
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock						9,940,008	D						
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)													
1. Title of Derivative Security (Instr. 4) 2. Date Exer Expiration D (Month/Day/			ate	Underlying Derivative Security (Instr. 4)		4. Conve or Exe	rcise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)				
			Date Exercisable	Expiration Date	Title	e		Amount or Number of Shares	Price of Derivation Security	tive	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

/s/ Robert T. Brooke

03/22/2010

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 5 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.